



POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION
VII

SITE NUMBER
M0000010095

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Filtronetrics, Inc.	B. STREET 10012 East 64th St.	
C. CITY Raytown	D. STATE Missouri	E. ZIP CODE 64133

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)		XXX			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					
E. RATIONALE FOR DISPOSITION An anonymous complaint reorted that this firm was dumping chemical wastes onto the surface of the ground. Subsequently a RCRA compliance inspection of the site was conducted. The inspection was conducted to determine compliance with the Hazardous Wastes Regulations. However information obtained by the site inspector verified that small quantities of chemical wastes were indeed being dumped onto the surface of the ground. Staff of the Superfund site program have evaluated the potential adverse impacts of such disposal & determined them to be negligible. However the RCRA compliance program in Region VII is requiring the firm to test the wastes to determine if they will fail any of the 4					
F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)		G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)			

H. PREPARER INFORMATION

1. NAME David V. Crawford	2. TELEPHONE NUMBER (816) 374-6531	3. DATE (mo., day, & yr.) 4/16/82
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III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION. **characteristics of a hazardous wastes. If the wastes are determined to be hazardous wastes they will be requiring that potential exposure to the contaminated soil be mitigated by a limited remedial aciton such as covering the area of contamination with clean soil or removing the contamianted soil for disposal in appropriate disposal facilities. This is currently being osught on a voluntary basis due in part to the very low potential for adverse impacts to result.**

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) Detrmine if the wastes being disposed will fail any of the 4 characteristics of a hazardous waste.				
(2)				
(3)				
b. TYPE OF MONITORING				
(1) Sample and analyze wastes currenly being generated.				
(2)				
c. TYPE OF SAMPLING				
(1) waste samples				
(2)				

Site: **Filtronet Inc**
ID #: **M000052897204**
Break: **1.5**
Other: **4-16-82**

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS

(1)

corrosivity, ignitibility, reactivity & EP toxicity

(2)

e. OTHER (specify)

(1)

(2)

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER
VII MO-000010095

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME
Filtronetrics, Inc.

B. STREET
10012 East 64th Street

C. CITY
Raytown

D. STATE
Mo.

E. ZIP CODE
64133

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED					
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.) <i>(Completed)</i>					xxx
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					
E. RATIONALE FOR FINAL STRATEGY DETERMINATION Small quantities of silver cyanide wastes were generated at this facility & subsequently dumped onto the surface of the ground behind the plant. This dumping has been discontinued; the wastes generated are now disposed in an approved off-site facility. The area of contaminated soil was treated with chlorine bleach & flushed with water to break down the toxic cyanide compounds into nontoxic components. Due to the very small quantities of wastes thus disposed & the very limited potential for exposures to occur this treatment at this site was judged					
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.) to be satisfactory.			G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)		

H. PREPARER INFORMATION

NAME David V. Crawford

2. TELEPHONE NUMBER (816) 374-6964

3. DATE (mo., day, & yr.) 10/13/82

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

Site: Filtronetrics Inc
ID #: MO0052897204
Break: 1.4
Other: 10-13-82

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
The area of contaminated soil was treated with chlorine bleach to break down the toxic cyanide compounds into nontoxic components.			EPA/ARWM/AWCM	\$minimal- the cost of several gallons of chlorine bleach.	RCRA 3008
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
Routine monitoring under the RCRA compliance program of Region VII ARWM/AWCM.				\$	
				\$	
				\$	
				\$	
				\$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$